COMMONWEALTH OF KENTUCKY INFORMATION FOR BOARDS AND COMMISSIONS

Please return to: Carol Beth Martin Justice & Public Safety Cabinet 125 Holmes Street Frankfort, KY 40601 Fax: (502) 564-4840

Please indicate Boards/Commissions you wish to consider									

,]	Pleas	e submit a curre	ent resume with	the app	lication		
Your Name (Last, First, Middle) Mr. Ms. Mrs.		*County		*Congressional District		* Supreme Court District		
Home Address			7	State		Zip		
Date of Birth				*Party Affiliatio (Underline one)	Rep. Ind.		Race	
Your Occupation		Business Phone		Number & Fax Number		Residence Phone Number		
Email Address						Mobile Number		
Current Employer		Business Address						
Spouse's Name		Spouse's Employer						
EDUCATION AND GENI	ERAL QU	ALI	FICATIONS:					
Level	Name of S	School		No. Years Attended	Did you Graduate		Major Course(s) of Study	
High School								
College/Other								
Memberships in Organizations. Also Indicate Current Positions With Political Party or Organization. Indicate Any Public Office Currently Held.								
By signing below, I unders	stand the (Gove	ernor's Office i	IF YES, PLEASE			ŕ	
REFERENCES (List two persons	not related t	to you	ı, whom you have	known for at least	one year))		
Name	Address		Phone Number		Years Acquainted		cquainted	
*Necessary for certain boards to	o comply wi	th sta	nte law in regard t	to balance				
DATE:			SIGN	NATURE:				